|  |  |                                 |                |                  |              |                  |                | Application or Docket Number |                 |          |                  |                 |  |  |
|--|--|---------------------------------|----------------|------------------|--------------|------------------|----------------|------------------------------|-----------------|----------|------------------|-----------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  |  |                                 |                |                  |              |                  |                |                              | 1 1             |          |                  |                 |  |  |
| Effective October 1, 2003  |  |                                 |                |                  |              |                  |                | 10,751359                    |                 |          |                  |                 |  |  |
| CLAIMS AS FILÉD - PART I SMALL ENTITY OTHER THAI   |  |                                 |                |                  |              |                  |                |                              |                 |          |                  | THAN            |  |  |
| (Column 1) (Column 2)  |  |                                 |                |                  |              |                  |                |                              |                 | OR       | SMALL            |                 |  |  |
| TOTAL CLAIMS   |  |                                 | 12             |                  | ·            |                  | RAT            | Έ                            | FEE             |          | RATE             | FEE             |  |  |
| FOR  |  |                                 | NUMBER FILED   |                  | NUMBER EXTRA |                  | BASIC          | FEE                          | 385.00          | OR       | BASIC FEE        | 770.00          |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                 | 7 minus 20=    |                  | •            |                  | XS S           | X\$ 9=                       |                 | OR       | XS18=            |                 |  |  |
| INDEPENDENT CLAIMS   |  |                                 | minus 3 =      |                  | *            |                  | X43            | X43=                         |                 | OR       | X86=             |                 |  |  |
| MU   | ILTIPLE DEPEN                                    | DENT CLAIM PI                   | RESENT         |                  |              |                  | .14            | +145=                        |                 |          | +290=            | -               |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                 |                |                  |              |                  | L              |                              | 2015            | OR       |                  |                 |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                 |                |                  |              |                  |                | AL _                         | <b>48</b> 5     | OR       | TOTAL            |                 |  |  |
| CLAIMS AS AMENDED - PART II  |  |                                 |                |                  |              |                  |                |                              | ENTITY          | OR       | OTHER<br>SMALL E |                 |  |  |
| _  | (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |                                 |                |                  |              |                  |                |                              | ADDI-           |          | SMALL            | ADDI-           |  |  |
| AMENDMENT A  |  | REMAINING<br>AFTER              |                | NUM              | BER          | PRESENT<br>EXTRA | RATE           |                              | TIONAL          |          | /RATE            | TIONAL          |  |  |
|  |  | AMENDMENT                       |                | PAID             |              | EATHA            |                |                              | FEE             |          | 4                | FEE             |  |  |
|  | Total  | · 17                            | Minus          | ** '             | 10           | 2                | XS 9           | =                            |                 | 9A       | X\$18=           |                 |  |  |
|  | Independent                                      | • /                             | Minus          | ***              | 3            | = ()             | X43            | =                            |                 | OR       | X86=             |                 |  |  |
|  | FIRST PRESE                                      | NTATION OF MI                   | JLTIPLE DEF    | PENDENT          | CLAIM        |                  | +145           |                              |                 |          | +290=            |                 |  |  |
| •  |  |                                 |                |                  |              |                  |                | TAL                          |                 | OR       | TOTAL            |                 |  |  |
|  |  |                                 |                |                  |              |                  |                | FEE                          |                 | OR       | ADDIT. FEE       |                 |  |  |
| _  |  | (Column 1)                      | . —            |                  |              |                  |                |                              |                 |          |                  |                 |  |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT | N              |                  | HEST<br>MBER | PRESENT          | RAT            | _                            | ADDI-<br>TIONAL |          | RATE             | ADDI-<br>TIONAL |  |  |
|  |  |                                 |                | PREVIO<br>PAIO F |              | EXTRA            |                | MAIL                         | FEE             |          | 10112            | FEE             |  |  |
|  | Total  |                                 | Minus          | **               |              | =                | X\$ 9          | )=                           |                 | OR       | X\$18=           |                 |  |  |
|  | Independent                                      | *                               | Minus          | ***              |              | -                | X43            | =                            |                 | OR       | X86=             |                 |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT         |                                 |                |                  | CLAIM        |                  | +14            |                              |                 |          | +290=            |                 |  |  |
| <u> </u>   |  |                                 |                |                  |              |                  |                | )=<br>TAL                    |                 | OR       | TOTAL            |                 |  |  |
|  |  |                                 |                |                  |              |                  |                | FEE                          |                 | OR       | ADDIT. FEE       | L               |  |  |
| (Column 1) (Column 2) (Column 3)   |  |                                 |                |                  |              |                  |                |                              |                 |          |                  |                 |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING             |                |                  | HEST<br>IBER | PRESENT          |                |                              | ADDI-           |          |                  | ADDI-           |  |  |
|  |  | AFTER<br>AMENDMENT              |                | _                | OUSLY        | EXTRA            | RAT            | Έ                            | TIONAL<br>FEE   |          | RATE             | TIONAL<br>FEE   |  |  |
|  | Total  | *                               | Minus          | **               | , 0          | =                | X\$ 9          | <br>}=                       |                 | OR       | X\$18=           | 1.22            |  |  |
|  | Independent                                      | *                               | Minus          | ***              |              | =                | 1 ├            |                              | <b></b> -       | <b> </b> | \                |                 |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                 |                |                  |              |                  | X43            | =                            |                 | OR       | X86=             |                 |  |  |
| +145=  |  |                                 |                |                  |              |                  |                |                              |                 | OR       | +290=            |                 |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE |  |                                 |                |                  |              |                  |                |                              |                 |          |                  |                 |  |  |
| **   | If the "Highest Nu                               | mber Previously P               | aid For IN TH  | IS SPACE         | is less tha  | an 3, enter "3." | ADDIT.         |                              | ncontiste bo    | ٠.       |                  |                 |  |  |
|  | ine "Highest Nun                                 | nber Previously Pa              | m For (lotal o | a wasbevo        | eni) is ini  | e ragnest numb   | ET IOUTIO WI U | .e ap                        | יים שימייקטיק   | A 161 C  | Juliu 1.         |                 |  |  |